



The Regulation and  
Quality Improvement  
Authority

## Announced Premises Inspection Report 28 September 2016



### Holmview Dental Care

Type of Service: Independent Hospital (IH) - Dental Treatment

Address: 8 Holmview Terrace, Campsie Road, Omagh, BT79 0AH

Tel No: 028 8224 6466

Inspector: P Cunningham



[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Holmview Dental Care took place on 28 September 2016 from 10:00 to 11:00hrs.

The inspection sought to determine if the premises was supporting the delivery of safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Refer to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Lorraine Donaghy, Senior Dental Nurse as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

This was the first premises inspection of the practice.

## 2.0 Service Details

<b>Registered person:</b> Patrick Traynor (registration pending) (registration pending at time of inspection)	<b>Registered manager:</b> Patrick Traynor (registration pending)
<b>Person in charge of the establishment at the time of inspection:</b> Patrick Traynor (registration pending)	<b>Date manager registered:</b> Registration pending
<b>Categories of care:</b> Not Applicable	<b>Number of registered places:</b> 2

## 3.0 Methods/processes

During the inspection the inspector met with Lorraine Donaghy, Senior Dental Nurse.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 28 September 2016

The most recent inspection of the Private Dental Practice was an announced pre-registration care inspection which was carried out on the same day as this inspection. The completed QIP will be validated by the care inspector when returned and at their next inspection.

### 4.2 Review of requirements and recommendations from the last premises inspection

This was the first premises inspection of the practice.

### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

### Areas for improvement

1. Documentation presented indicated that the fire risk assessment was reviewed in August 2016 by the registered manager. The practice occupies the ground floor of a three storey building and the inspector recommends that the assessment be reviewed by a person holding specialist fire safety experience to ensure that the fire risks across the whole premises have been considered.  
See recommendation 1 in the attached QIP.
2. Documentation presented indicated that the fixed wiring installation was last inspected in March 2011.  
See recommendation 2 in the attached QIP.
3. The senior dental nurse stated that the legionella risk assessment had been reviewed by a specialist contractor on 05 September 2016 and the report of the assessment is due over coming days.  
See recommendation 3 in the attached QIP.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
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#### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance.

This supports the delivery of effective care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

This supports the delivery of compassionate care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.6 Is the service well led?**

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Lorraine Donaghy, Senior Dental Nurse as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the Private Dental Practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

There were no requirements made as a result of this inspection.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Minimum Standards for Dental Care and Treatment. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to **Regulation and Quality Improvement Authority, Hilltop, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS** for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

**Recommendations**

**Recommendation 1**

Ref: Standard 14.2

Stated: First time

To be completed by:  
21 December 2016

The registered provider should consider using the services of a person holding specialist fire safety experience to carry out a review of the fire risk assessment to ensure that the fire risks across the whole premises have been considered.

**Response by registered provider detailing the actions taken:**

*In 18/10/16 we spoke with Station Commander Coombes, N.I Fire and Rescue Service, Station Headquarters. He advised us that he does not need to come out to inspect the premises. He was happy that we are using templates from their website. He discussed all areas of fire risk assessment and was satisfied with all. He was content that "a competent person" can be ourselves esp. if we are already dealing with the issue for some years.*

**Recommendation 2**

Ref: Standard 14.2

Stated: First

To be completed:  
21 December 2016

The registered provider should ensure that the fixed wiring installation has been subjected to inspection and testing in line with current good practice and BS7671. The advice of a competent person should be sought accordingly in respect of suitable timescale..

**Response by registered provider detailing the actions taken:**

*The fixed wiring is due to be inspected in December '16, by our certified electrician. If there are to be any renovations or alterations to the building in due course we will inform RQIA.*

**Recommendation 3**

Ref: Standard 14.2

Stated: First time

To be completed by:  
In line with the advice of the legionella risk assessor

The registered provider should ensure that on receipt of the legionella risk assessment report, all items requiring remedial actions are addressed and all control measures recommended are implemented accordingly.

**Response by registered provider detailing the actions taken:**

*Awaiting quotations for cold water storage tank cleaning and the removal of dead-end pipework - work to be completed in the very near future.*

\* Please ensure this document is completed in full and returned to RQIA's office.

Name of Registered Manager/Person Completing QIP:	PATRICK TRAYNOR		
Signature of Registered Manager/Person Completing QIP:	<i>Patrick Traynor</i>	Date completed:	2/11/16
Name of Registered Provider Approving QIP:			
Registered Provider Approving QIP:		Date approved:	
RQIA inspector Assessing Response		Date:	



